# Delaware Cancer Mortality Rates Decrease Between 2002-2006 & 2012-2016; Improvements Among Specific Races, Ethnicities

**DOVER (October 12, 2020)** – Over the last decade, Delaware's mortality rate for all cancer sites combined (all-site cancer) declined 10 percent between the five-year periods of 2002-2006 and 2012-2016, according to the latest cancer data released by the Division of Public Health (DPH). In the same time span, Delaware's all-site cancer mortality rate also declined for African-American males and females and Hispanic females. Additionally, mortality rates decreased for female breast, colorectal, lung, prostate, and Non-Hodgkin Lymphoma.

"After years of work, the data reflects our efforts to have more Delawareans get important cancer screenings," said Governor John Carney. "We know that the earlier cancer is detected, the more treatable it is. In addition to screenings, I urge everyone to make healthier lifestyle choices, as smoking, vaping, and being overweight or obese, are among our greatest risks for developing cancer." Governor Carney also praised the ongoing work of the Delaware Cancer Consortium (DCC) and DPH for coordinating cancer advocacy efforts.

DPH presented its data report, Cancer Incidence and Mortality in Delaware, 2012-2016, to the DCC in Dover on Monday. The report provides data for all-site cancer and eight site-specific cancer types: breast, colorectal, lung, melanoma, Non-Hodgkin Lymphoma, prostate, thyroid, and uterine.

Among Delaware males from 2002-2006 to 2012-2016, all-site

cancer mortality rates decreased 29 percent among non-Hispanic African-Americans and 16 percent among non-Hispanic Caucasians, yet increased 19 percent in Hispanic males. Among Delaware females from 2002-2006 to 2012-2016, all-site cancer mortality rates decreased 13 percent among non-Hispanic African Americans, 11 percent among non-Hispanic Caucasians, and 4 percent among Hispanics. DPH attributed the decreases in all-site cancer mortality among these racial and ethnic groups to increased screening and early detection efforts.

“We are working diligently to reduce the health disparities faced by many of our communities of color,” said DHSS Secretary Molly Magarik. “By focusing on the important role of screening and prevention along with population health, I’m confident that we will see greater improvement in achieving health equity for all Delawareans.”

In the short term, Delaware ranked 15th highest in the U.S. for all-site cancer mortality in the most recent five-year period of 2012-2016, a decline compared to its rank of 18 in the five-year period of 2011-2015. Since the U.S. all-site cancer mortality rate statistically significantly decreased in 2012-2016, it may have impacted Delaware’s 2012-2016 rank. For 2012-2016, the state’s all-site cancer mortality rate (174.0 deaths per 100,000 people) was 8 percent higher than the U.S. rate (161.1 deaths per 100,000) a statistically significant difference. Also for 2012-2016:

• Delaware males (206.8 per 100,000) ranked 18th for all-site cancer mortality; a statistically significantly higher rate compared to U.S. males (193.3 per 100,000).
• Delaware males had a statistically significantly higher all-site cancer mortality rate than Delaware females (150.1 per 100,000).
• Delaware females had a statistically significantly higher all-site cancer mortality rate compared to U.S. females (137.8 per 100,000) and were ranked 14th for all-site cancer mortality in 2012-2016 (no change from 2011-2015).

Regarding incidence, or diagnosis of new cancer cases, in 2012-2016, Delaware (491.5 per 100,000) remained ranked second-highest nationally for all-site cancer incidence, which was statistically significantly higher than the U.S. (435.1 per 100,000). Delaware males (542.9 per 100,000) had a statistically significantly higher all-site cancer incidence rate compared to Delaware females (455.4 per 100,000). Delaware males rank third compared to U.S. males (474.3 per 100,000) and Delaware females rank fifth in the U.S. compared to U.S. females (409.6 per 100,000). The success of Delaware's screening programs is part of the reason cancers are being identified, and leading in part, to the state's continued No. 2 ranking for cancer incidence. However, DPH officials are concerned that the COVID-19 pandemic may lead to adverse impacts in the future.

"Many people had to delay getting cancer screenings due to COVID-19, so it's possible that some people's cancers are not being caught as early as they otherwise might be," said DPH Director Dr. Karyl Rattay. "I strongly encourage Delawareans to make their appointments now to get caught up on recommended screenings. We've made it easy to find and schedule cancer screening appointments with a phone call or a few clicks at HealthyDelaware.org."

To encourage women to get screened for breast cancer, DPH's Comprehensive Cancer Control Program worked tirelessly with DCC and community leaders to reach racial and ethnic minorities through their providers, hair stylists, churches, and other organizations. DPH and DCC initiated patient navigation services for women age 40-64 and asked providers to send patient reminders, display educational posters, and show informative videos to alleviate any fears of getting a mammogram. Eighty-one percent of non-Hispanic African-American females and 79 percent of non-Hispanic Caucasian females 40 years of age and older in Delaware reported having a mammogram within the previous two years, according to the 2018

Behavioral Risk Factor Survey (BRFS). All Delaware females 40 years of age and older ranked third highest nationally (79 percent) for this indicator.

**BREAST CANCER**

In 2012-2016, Delaware (22.1 per 100,000) ranked 20th for breast cancer mortality compared to 21st in 2011-2015; the Delaware rate was not statistically significantly different from the U.S. rate (20.6 per 100,000). From 2002-2006 to 2012-2016, female breast cancer mortality in Delaware decreased 6 percent, compared to the U.S. decline of 16 percent. The 2012-2016 female breast cancer incidence rate for Delaware (136.5 per 100,000) was statistically significantly higher than the U.S. female rate (126.0 per 100,000). Delaware's percent of female breast cancer cases diagnosed at the local stage increased from 42 percent in 1980-1984 to 68 percent in 2012-2016.

**COLORECTAL CANCER**

Delaware ranked 11th-highest in prevalence in the U.S. for meeting the U.S. Preventive Services Task Force colorectal screening recommendations. Nearly 73 percent of Delawareans age 50-74 years reported meeting the recommendations, more than the national median of 70 percent. Incidence: Delaware's 2012-2016 ranking for colorectal cancer incidence is 31st (38th in 2011-2015). In Delaware, colorectal cancer cases diagnosed at the local stage increased from 32 percent in 1980-1984 to 40 percent in 2012-2016. From 2002-2006 to 2012-2016, Delaware's colorectal cancer incidence rate decreased 28 percent compared to a 22 percent decrease in the U.S. Also, Delaware's colorectal cancer incidence rates declined more than the U.S. rates for both males and females. Mortality: While the state's colorectal cancer mortality rate has historically been higher than the U.S. rate, in 2012-2016, Delaware's colorectal cancer mortality rate (13.7 per 100,000) was lower than that of the U.S. (14.2 per 100,000). Delaware

ranked 35th nationally for colorectal cancer mortality in 2012-2016 (41st in 2011-2015).

**LUNG CANCER**

As the most frequently diagnosed cancer and the most common cause of cancer death in the U.S. and Delaware, lung cancer continues to account for an enormous share of the state's overall cancer burden. For 2012-2016, lung cancer accounted for 15 percent of all newly diagnosed cancer cases and 28 percent of all cancer deaths in Delaware. DPH and the DCC continue to encourage providers to refer tobacco users to lung cancer screening and the Delaware Quitline, the state's tobacco cessation program. They continue to educate the general public on lung cancer screenings and the importance of quitting tobacco and vaping.

Delaware saw slight increases in lung cancers diagnosed in the earlier stages before the cancer spreads to distant tissues, organs, or lymph nodes and is more difficult to treat. Fifty percent of Delaware's lung cancers in 2012-2016 were diagnosed at distant stage, compared to 52 percent in the U.S. In 2012-2016, Delaware (69.7 per 100,000) had a statistically significantly higher lung cancer incidence rate compared to the U.S. (53.4 per 100,000). Delaware males (79.1 per 100,000) had a statistically significantly higher lung cancer incidence rate compared to Delaware females (62.9 per 100,000) and to U.S. males (61.9 per 100,000). Delaware females had a statistically significantly higher lung cancer incidence rate compared to U.S. females (47.0 per 100,000) in 2012-2016. In 2012-2016, Delaware Hispanics (30.8 per 100,000) had a statistically significantly lower lung cancer incidence rate compared to both non-Hispanic Caucasians (72.5 per 100,000) and non-Hispanic African Americans (69.2 per 100,000).

Regarding mortality, Delaware (48.4 per 100,000) had a statistically significantly higher lung cancer mortality rate compared to the U.S. (41.9 per 100,000) in 2012-2016. Delaware

females (41.0 per 100,000) had a statistically significantly higher lung cancer mortality rate compared to U.S. females (34.4 per 100,000). In the longer term, from 2002-2006 to 2012-2016, lung cancer mortality rates decreased 19 percent in Delaware and 22 percent in the U.S.

**PROSTATE CANCER**

Prostate cancer is the most commonly diagnosed cancer among males in the U.S. and Delaware. Delaware ranked eighth nationally in the prevalence of males 40 years of and older who have had a protein-specific antigen (PSA) test within the past two years. According to the 2018 BRFS, 38 percent of Delaware males 40 and older reported having a PSA test in the past two years, compared to the national median prevalence of 33 percent. Delaware's prostate cancer incidence rate decreased by 27 percent between 2002-2006 and 2012-2016, compared to a 34 percent decrease in the U.S. Delaware's 2012-2016 prostate cancer incidence rate (129.1 per 100,000) was statistically significantly higher than the U.S. (106.8 per 100,000) – trends that likely reflect a greater prevalence of prostate cancer screening. In Delaware in 2012-2016, non-Hispanic Caucasians accounted for 69 percent of prostate cancer cases.

Regarding mortality, from 2002-2006 to 2012-2016, the prostate cancer mortality rate decreased 34 percent in Delaware and 26 percent in the U.S. Also, Delaware's prostate cancer mortality rank improved from 43rd in 2011-2015 to 46th in 2012-2016. Non-Hispanic Caucasians in Delaware (15.3 per 100,000) had a statistically significantly lower prostate cancer mortality rate compared to the U.S. (18.1 per 100,000) in 2012-2016. However, non-Hispanic African Americans (33.8 per 100,000) in Delaware had a statistically significantly higher prostate cancer mortality rate in 2012-2016 compared to Delaware's non-Hispanic Caucasians – a disparity similarly seen in the U.S. (U.S. non-Hispanic African Americans: 39.8 per 100,000; U.S. Caucasians: 18.1 per 100,000).

**MALIGNANT MELANOMA**

While Delaware's incidence rank of malignant melanoma of the skin ("malignant melanoma") improved from third in 2011-2015 to fifth in 2012-2016, its 2012-2016 incidence rate (29.9 per 100,000) is statistically significantly higher compared to the U.S. (23.2 per 100,000). Between 2002-2006 and 2012-2016, malignant melanoma incidence rates increased 35 percent in Delaware and 17 percent in the U.S. In 2012-2016 in Delaware, 76 percent of malignant melanomas were diagnosed at the local stage. Regarding mortality, Delaware's malignant melanoma mortality rank improved from 15th in 2011-2015 to 18th in 2012-2016 and for Delaware males, it improved from 21st in 2011-2015 to 25th in 2012-2016. However, among Delaware females, the malignant melanoma mortality rank worsened from sixth in 2011-2015 to third in 2012-2016.

"Since malignant melanoma can develop over 30 to 40 years, it is important to prevent blistering sunburns, especially in children, because that doubles the risk," Dr. Rattay said. "In addition to avoiding the sun year-round between 10:00 a.m. and 4:00 p.m., Delawareans should wear sunscreen with an SPF of at least 15, cover up with clothing, and wear sunglasses and a hat with a wide brim. Communities should consider installing sun-protective covers over play areas. Do not delay seeing a dermatologist if you observe changes to the skin."

**RESOURCES**

In addition to cancer incidence and mortality data, the Cancer Incidence and Mortality Report, 2012-2016 includes information about risk factors, screening, state of diagnosis, data trends, and a section on cancer survivorship in Delaware. The full report is available at: www.dhss.delaware.gov/dhss/dph/dpc/files/iandm2012-2016.pdf. A secondary analysis of all-site cancer incidence rates by census tract accompanies the report and can be found at: www.dhss.delaware.gov/dhss/dph/dpc/files/ct_analysis2012-2016.

pdf.

For more information about DPH's cancer prevention and treatment work, visit www.dhss.delaware.gov/dhss/dph/dpc/cancer.html or call the Delaware Comprehensive Cancer Control Program at 302-744-1020. For more information about the DCC, including its recommendations, visit www.healthydelaware.org/Consortium. To learn how to prevent, detect, and treat chronic diseases, visit the Healthy Delaware website: HealthyDelaware.org.

Delaware's cancer survivors can access insurance and cancer treatment needs from the Health Care Connection at https://dhss.delaware.gov/dph/dpc/chap.html) or call 2-1-1; and from Delaware's Cancer Treatment Program at https://dhss.delaware.gov/dhss/dph/dpc/catreatment.html or call 1-844-245-9580. For cancer follow-up and maintenance, visit the Cancer: Thriving and Surviving program (https://www.healthydelaware.org) or the Live Strong program at the YMCA (www.ymcade.org/livestrong/).

Individuals at high risk for lung cancer who should get a low-dose computed tomography (CT) scan are those who are 55-74 years of age and in fairly good health, have a smoking history equivalent to a pack a day for 30 years or longer, and who currently smoke or have quit within the past 15 years. They can access CT screening criteria and scheduling directions at HealthyDelaware.org/lung or call 302-401-4212 to speak with a screening nurse navigator.

Providers in search of free lung cancer screening materials should visit www.healthydelaware.org/Healthcare-Providers/Cancer/Lung.
Delaware tobacco users seeking help quitting can contact the Delaware Quitline, a free tobacco cessation counseling hotline through the Delaware Tobacco Prevention and Control Program. Delaware residents 18 and older can reach Delaware Quitline at 1-866-409-1858 or

http://dhss.delaware.gov/dph/dpc/quitline.html.

The Screening for Life program (www.dhss.delaware.gov/dph/dpc/sfl.html) provides payment for cancer screening tests to qualified Delaware adults. Eligible individuals can receive office visits, mammograms and clinical breast exams, Pap tests, screening tests for prostate, colorectal and lung cancer when recommended by your doctor; and lung cancer screening tests for men and women who are 55-80 years of age if they currently smoke or have quit smoking during the past 15 years; and smoke or smoked a pack a day for 30 or more years, or two packs a day for 15 or more years.

*A person who is deaf, hard-of-hearing, deaf-blind or speech-disabled can call the DPH phone number above by using TTY services. Dial 7-1-1 or 800-232-5460 to type your conversation to a relay operator, who reads your conversation to a hearing person at DPH. The relay operator types the hearing person's spoken words back to the TTY user. To learn more about TTY availability in Delaware, visit http://delawarerelay.com.*

The Delaware Department of Health and Social Services is committed to improving the quality of the lives of Delaware's citizens by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations. DPH, a division of DHSS, urges Delawareans to make healthier choices with the 5-2-1 Almost None campaign: eat 5 or more fruits and vegetables each day, have no more than 2 hours of recreational screen time each day (includes TV, computer, gaming), get 1 or more hours of physical activity each day, and drink almost no sugary beverages.